

(See PM ATTACHMENT 8.5.1 for instructions pertaining to form completion)

NAME OF FACILITY:

**POPULATIONS:**      **SMI** ☐      **GMH/SA** ☐      **CHILDREN** ☐

**MCE STUDY PERIOD:**      **From:**      **To:**

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### III. DEFINITION OF VARIABLES:

### 1. Basis of Study:

## 2. Significance of Study and References:

3. Identify the components of quality of care that are assessed by this evaluation:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> accessibility of care | <input type="checkbox"/> appropriateness of care    | <input type="checkbox"/> continuity of care |
| <input type="checkbox"/> effectiveness of care | <input type="checkbox"/> efficacy of care           | <input type="checkbox"/> efficiency of care |
| <input type="checkbox"/> consumer perspective  | <input type="checkbox"/> safety of care environment | <input type="checkbox"/> timeliness of care |

## V. STUDY POPULATION:

## VI. SAMPLING METHODOLOGY AND SAMPLE SIZE:

**PM FORM 8.5.2**  
**Summary of Medical Care Evaluation Methodology**

**VII. DATA COLLECTION METHODOLOGY:**

**VIII. ANALYTICAL METHODS:**

**IX. REMARKS:**

Provider/Facility Approved by (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_